. S	Effé	clive Octo	ber 1, 2	003				10	75	872	-9	I
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT												
TOTAL CLAIMS		20					RATE	FEE	7	RATE	FEE	1
FOR		NUMBER FILED		NUMBER EXTRA		1	BASIC FE	€ 385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS		93 m	93 minus 20=		• 3		X\$ 9=	†	7	-	 	1
INDEPENDENT CLAIMS		minus 3 =		· ø			 	╁┷┷	OR	 	54 **	-
MULTIPLE DEPE						X43=		OR	X86=		1	
					<u> </u>		+145=		OR	+290=	290.0	<u>'</u>
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1114,00]
5/23/2	CLAIMS AS ((Column 1)	AMENDE	(Colun	nn 2)_	(Column 3)	ر 	SMALL	ENTITY	OR	OTHER SMALL		
Total Independent	CLAIMS REMAINING: AFTER AMENDMENT		PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE	
Total	. 27	Mipus	2	3	=		X\$ 9=		OR	X\$18=		1
Independent	. 3	Minus	•••	3	В		X43=		OR	X86=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							÷145=			+290=		1
٠.			•	¥10.	-poul	L	TOTAL		OR OR	TOTAL	500	1
	(Column 1)		(Colum		(Column 3)	*	VODIT. FEE !			ADDIT. FEE	<u> </u>	1
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Independent	. 37	Minus	- 1)	±		X\$ 9=	, , , ,	OR	X\$18=	100	
Independent	1. 3	Minus	in 17	,	9	ł	X43=			X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X-32		OR	~652	263	ł
		. •				Ĺ	+145=		OR	+290=	36.0	
. 1.0	•					A	TOTAL DOIT, FEE		OR	TOTAL DOIT. FEE	360	ĺ
). Job	(Column 1)		(Column		(Column 3)							
	CLAIMS REMAINING AFTER AMENOMENT	٠	HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE !	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	\sim	Minus	-27	\neg	=		X\$ 9=		OR	X\$18=		,
Independent	• 3	Minus	 3			}	X43=	-		X86=		
FIRST PRESEN	NTATION OF MUI	LTIPLE DEP	ENDENT C	LAIM		-	^****		OR			I
_						1	+145=	. (OR	+290=	1	•
If the "Highest Num	in 1 is less than the iber Previously Palo	For IN THIS	SPACE is le	ss than	20. enter "20."	·An	TOTAL OIT, FEE		OR AC	TOTAL DOIT, FEE		
	iber Previously Paid er Previously Paid							priate box i		-		•

Application or Docket Number